New Jersey Department of Health and Senior Services
Occupational Health Service
P.O. Box 360
Trenton, NJ 08625-0360

OCCUPATIONAL DISEASE, INJURY, OR POISONING REPORT FOR PHYSICIANS AND ADVANCED PRACTICE NURSES

*INSTRUCTIONS: In accordance with N.J.A.C. 8:57-3.2, physicians and advanced practice nurses must report any patient who is ill or diagnosed with any disease, injury, or poisoning listed below within 30 days after the disease, injury, or poisoning has been diagnosed or treated. In addition, suspect cases or patients with other occupational diseases may be reported. All information **MUST** be completed. Mail **complete** report to above address or fax to (609) 292-5677. Additional information, report forms, or business reply envelopes may be obtained from the above address, or by calling (609) 984-1863. This form is also available online in Microsoft Word and in PDF format at www.nj.gov/health/eoh/survweb.*

Date

PATIENT INFORMATION

Name of Patient (Print) _____ (First) _____ (MI) _____ (Last)

Date of Birth

Street Address

Age (If DOB Unavailable)

City State Zip Code

Home Telephone Number ( )

Sex ☐ Male ☐ Female

Race ☐ White ☐ Black ☐ Am. Ind./ Alaskan Native ☐ Asian/Pacific Islander ☐ Other

Hispanic Origin ☐ Yes ☐ No ☐ Unknown

DIAGNOSTIC INFORMATION

Date of Onset of Disease, Injury, or Poisoning ____ / ____ / _____

Diagnosis:

- ☐ Work-Related Asthma
  - ☐ Possible
  - ☐ Probable
  - ☐ Confirmed
- ☐ Extrinsic Allergic Alveolitis
- ☐ Silicosis
- ☐ Asbestosis
- ☐ Pneumoconiosis, Other and Unspecific
- ☐ Occupational Dermatitis
- ☐ Other Occupational Disease - Specify: _____
- ☐ Work-Related Fatal Injury
- ☐ Work-Related Injury in Children (Under Age 18)
- ☐ Work-Related Carpal Tunnel Syndrome
- ☐ Poisoning Caused by Known or Suspected Occupational Exposure
- ☐ Pesticide Toxicity
- ☐ Lead Toxicity, Adult
  (Blood ≥ 25 µg/dl; Urine ≥ 80 µg/L)
  Blood = _____ µg/dL
  Urine = _____ µg/L
- ☐ Arsenic Toxicity, Adult
  (Blood ≥ .07 µg/mL; Urine ≥ 100 µg/L)
  Blood = _____ µg /mL
  Urine = _____ µg /L
- ☐ Mercury Toxicity, Adult
  (Blood ≥ 2.8 µg/dL; Urine ≥ 20 µg/L)
  Blood = _____ µg/dL
  Urine = _____ µg/L
- ☐ Cadmium Toxicity, Adult
  (Blood ≥ 5 µg/L whole blood;
  Urine ≥ 3 µg/gram creatinine)
  Blood = _____ µg/L whole blood
  Urine = _____ µg/gram creatinine

Name and Address of Laboratory Which Performed the Testing, If Applicable

Laboratory Name _____

Street Address _____

City _____ State _____ Zip _____

PLACE OF EXPOSURE / INJURY

Company Where Exposure/Injury Occurred

Name _____

Street Address _____ Phone No. _____

City _____ State _____ Zip _____

Patient's Department or Work Location

Job Title or Type of Work Performed by Patient

PHYSICIAN/ADVANCED PRACTICE NURSE INFORMATION

Name of Physician or Advanced Practice Nurse (Print)

Telephone Number ( )

Address

Facility Name _____

Street Address _____

City _____ State _____ Zip _____

Indicate Any Reasons Why The Patient Should NOT be Contacted

Comments by Physician/Advanced Practice Nurse, If Any